

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	UNKNOWN
Suggested Group Art Unit::	UNKNOWN
CD-ROM or CD_R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	REAL-TIME, INTERACTIVE VOLUMETRIC MAGNETIC RESONANCE IMAGING
Attorney Docket Number::	11613.50USU1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity::	No
Latin Name::	N/A
Variety Denomination Name::	N/A
Petition Included::	No
Petition Type::	N/A
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	MICHAEL
Middle Name::	
Family Name::	GUTTMAN
Name Suffix::	
City of Residence::	DERWOOD
State or Province of Residence::	MARYLAND
Country of Residence::	USA
Street of mailing address::	5812 CHERRY MEADOW COURT
City of mailing address::	DERWOOD
State or Province of mailing address::	MARYLAND
Country of mailing address::	USA
Postal or Zip Code of mailing address::	20855

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	CANADA
Status::	Full Capacity
Given Name::	ELLIOT
Middle Name::	R.
Family Name::	MCVEIGH
Name Suffix::	
City of Residence::	PHOENIX
State or Province of Residence::	MARYLAND
Country of Residence::	USA
Street of mailing address::	16 SEVEN SPRINGS COURT

Initial 02/14/02

City of mailing address:: PHOENIX
State or Province of mailing address:: ARIZONA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 21131

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
----------------------------------	-------

Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application is	Application claiming the benefit under 35 USC 119(e)	60/269,363	02/16/01

Assignee Information

Assignee Name:: GOVERNMENT OF THE UNITED STATES,
REPRESENTED BY THE SECRETARY, DEPARTMENT OF HEALTH AND HUMAN
SERVICES
Street of mailing address::
City of mailing address:: WASHINGTON

Initial 02/14/02

State or Province of mailing address:: D.C.
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 20231